

EXHIBIT Y



Kaufman Psychological Services, PLLC Detroit, MI

Comprehensive Psychological Evaluation

CONFIDENTIAL

**Please note the findings of this report are sensitive in nature
and should only be interpreted under the guidance of a licensed professional**

Name: [REDACTED]

Date of Birth: [REDACTED]

Age at Time of Evaluation: 14 year 04 months

Date(s) of Evaluation: 07/22/22, 08/04/22, 08/30/22, 09/02/22

Date of Report: 09/21/22

REASON FOR REFERRAL

[REDACTED] is a 14-year-old male presenting for psychoeducational testing. [REDACTED] was referred for psychoeducational testing by Jacquelyn Babinski, Esq. This evaluation will clarify the meaning and function of the interplay of psychological and academic difficulties [REDACTED] is experiencing, which will guide treatment planning and academic supports.

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RELEVANT BACKGROUND & HISTORY
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The following background information was taken from [REDACTED] mother, [REDACTED]

Developmental History:

[REDACTED] reports [REDACTED] met developmental milestones on time for about the first six months, then he slowly started to not meet age-appropriate milestones. [REDACTED] reports she did not begin to worry about these milestones not being met until [REDACTED] was about two years old. [REDACTED] did not meet speech milestones around two years old and he was in Speech Therapy for a period of time. Currently, [REDACTED] has a mild speech impediment.

Academic History:

[REDACTED] just began 9th grade. The COVID-19 pandemic greatly affected [REDACTED] academic performance. In 6th grade, [REDACTED] classes were in-person and he received failing grades in all or nearly all classes. [REDACTED] reports that the number of suspensions [REDACTED] received, and consequently the number of days [REDACTED] missed classes, greatly hindered [REDACTED] academic performance. In 7th grade [REDACTED] classes were all virtual due to the COVID-19 pandemic. [REDACTED] reports that during this time, [REDACTED] received A's and B's in his classes. In 8th grade [REDACTED] returned to in-person classes and was suspended approximately 52 days. In 8th grade, [REDACTED] received failing grades in all or nearly all of his classes. [REDACTED] reported a few of these reasons [REDACTED] was suspended include being disruptive in class (e.g. bouncing his leg was too noisy, making a scene in class) and for numerous fights.

Legal History:

[REDACTED] was recently on probation for six months. He was in a fight with another student in school. [REDACTED] and [REDACTED] reported that the other student was "bullying" [REDACTED] for his speech impediment. The other student's mother pressed charges.

Mental Health Treatment History:

[REDACTED] underwent ADOS testing to see if he qualified for ABA therapy. [REDACTED] attended ABA therapy for about six months. [REDACTED] reports that they did not find ABA therapy to be helpful and discontinued.

A previous psychoeducational evaluation completed in 2018 through [REDACTED] school district reports the following previous diagnoses: ADHD Combined type, Anxiety Disorder NOS, Mood Disorder NOS, Disruptive Mood Dysregulation Disorder, Autism Spectrum Disorder, and Unspecified Communication Disorder. A re-evaluation in 2020 (IQ portion only) was completed for IEP planning purposes and to monitor [REDACTED] progress.

[REDACTED] reported the following diagnoses in intake: Attention-deficit Hyperactivity Disorder, Major Depressive Disorder, Generalized Anxiety Disorder, Autism Spectrum Disorder, and Tourette syndrome. [REDACTED] reported the following behavioral concerns: ineffective communication, inability to recognize body language/facial expressions, extreme structure and rigidity (especially in regards to rule-following and time),

██████ is currently prescribed the following medications:

- Lexapro; Prescriber: Dr. Taqur, Pines Behavioral Health
- Montelukast; Prescriber: Trina Boyles, Pediatrician
- Cetirizine; Prescriber: Trina Boyles, Pediatrician
- Albuterol Inhaler; Prescriber: Trina Boyles, Pediatrician
- Omeprazole; Prescriber: Trina Boyles, Pediatrician

██████ does not take any of his medication (aside from allergy/asthma medication as needed or Benadryl to sleep) because he does not like taking medication.

His family history of mental illness includes:

- Mother: anxiety/agoraphobia
- Father: oppositional defiant disorder
- Older sister: anxiety and depression
- Maternal grandmother: anxiety and depression
- Maternal grandfather: anxiety

Medical History:

██████ reports the following medical history:

- Ear tubes/adenoids removal
- Allergies
- Asthma
- 6th grade: ██████ was admitted to the Emergency Room after not feeling well (e.g. appeared heavily sedated, blunted affect, high heart rate). Medical professionals believed he suffered from serotonin syndrome due to his symptoms occurring around the time he had multiple adjustments to his medications.
- Multiple sports-related concussions (he used to play football)

Family History:

██████ reports the family dynamics at home are cohesive. ██████ lives with his mother, step-father, sister, and half-sister. ██████ has a close relationship with his mother. ██████ does not have a close relationship with his biological father.

Social History:

██████ gets along well with others at school for the most part. ██████ reports that ██████ does well in a leadership role (e.g. he will stick up for other students if they are being bullied, his teammates in football would look to him to lead the team, etc.). ██████ has been in about six fights with other children at his school. ██████ and ██████ reported these fights were a result of others "bullying" ██████ for his speech impediment and his race.

Sleep/Appetite:

██████ reports ██████ regularly struggles with falling asleep, staying asleep, and achieving restful sleep. ██████ reports he averages about four hours of sleep each night. ██████ reports overall ██████ has a consistent appetite. He will occasionally get an upset stomach that will result in reduced appetite.

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Work History:

Currently, [REDACTED] works at an Amish market and he enjoys this job.

Risk Assessment:

[REDACTED] denies that [REDACTED] experiences thoughts of killing himself, killing others, or hurting others. [REDACTED] reported that [REDACTED] engaged in self-harming behaviors (e.g. cutting) the last few months of 8th grade.

Drug/Alcohol Use:

None reported.

BEHAVIORAL OBSERVATIONS/MENTAL STATUS EXAMINATION
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At the beginning of the testing appointment, [REDACTED] presented with a reserved demeanor. Rapport was easily established and maintained. He appeared to be well-groomed and appropriately dressed. His thought was logical and goal-directed. Suicidal/homicidal ideation is not present. [REDACTED] was fully oriented to person, place, time, and situation.

	1 Poor	2	3 Adequate	4	5 Good
Attention Skills					X
Concentration/Focus					X
Time management Skills					X

	1 Poor	2	3 Adequate	4	5 Good
Comprehension					X
Communication Skills					X
Listening Skills					X
Articulation					X
Vocabulary					X

	1 Low	2	3 Moderate	4	5 High
Motivation Level				X	
Cooperation Level					X
Hyperactivity Level	X				
Anxiety Level	X				
Frustration Tolerance				X	
Confidence/Self Efficacy		X			

	Fluid/ Pleasant	Energetic/ Gregarious	Inhibited	Apathetic/ Aloof	Rude/ Unpleasant	Other:
Interp. Style	X					

	Appropriate	Depressed	Blunted	Irritable	Volatile	Other:
Affect	X					

	Organized	Tangential	Verbose	Repetitive	Confusing	Other:
Tht. Process	X					

	Appropriate	Obsessive	Delusional	Prejudiced/ Biased	Other:
Thought Content	X				

	1 Low	2	3 Moderate	4	5 High
Disclosure			X		
Debasement			X		
Defensiveness	X				
Level of Insight					X
Perceived Validity of Results					X

TESTS ADMINISTERED

Achievement

- Wechsler Individual Achievement Test 3rd Edition (WIAT-III)

ADHD

- Brown EF/A Brown Executive Function/Attention Scales – Self-Report – Adolescent
- Brown EF/A Brown Executive Function/Attention Scales – Parent-Form – Adolescent
- Conners 3 – Self
- Conners 3 – Parent
- Conners 3 – Teacher

Autism Spectrum Disorder

- Autism Spectrum Rating Scales (ASRS) – Parent Ratings
- Autism Spectrum Rating Scales (ASRS) – Teacher Ratings

Cognitive/Intellectual

- Wechsler Intelligence Scale for Children (WISC-V)

Comprehensive

- Behavior Assessment System for Children – Self (BASC-3 SRP)
- Behavior Assessment System for Children – Parent (BASC-3 PRS)
- Behavior Assessment System for Children – Teacher (BASC-3 TRS)
- Beck Youth Inventory (BYI-2)
- Millon Adolescent Clinical Inventory-II (MACI)

STATISTICAL TESTING TERMS

Consistent with common medical practice, severity levels of dysfunction are described statistically. It is important to be aware that mild deficits from a statistical standpoint may interfere significantly with daily functioning.

Standard Score. The standard score (SS) represents how far above or below the average an individual performed on a test. Half of all individuals will score less than 100, and half will score more than 100.

T Score. The T Score represents whether an individual's raw score falls within, below, or above the Average Range. A T Score of 50 is precisely average, with scores ranging from 40 to 60 falling in the Average Range.

Confidence Interval (CI). The Confidence Interval (CI) is a range of estimates, or what degree the score is guaranteed to be accurate. As intelligence/achievement testing cannot claim 100% accuracy, the CI claims strong accuracy (typically 90-95%) based on a range of scores.

Percentile Ranks. Percentile ranks indicate the rank of the individual compared to same age peers. For example, if an individual's score was in the 53rd percentile, it would indicate that his/her/their ability or performance exceeds those of approximately 53% of his/her/their same aged peers.

Using percentiles, "Average" is defined as the 25th to 74th percentiles, "Low Average" is defined as between the 9th and 24th percentiles, "Very Low" is defined as between the 2nd and 8th percentiles, "Extremely Low" is defined as below the 2nd percentile, etc.

Descriptor	Percentile
Extremely high	>98
Very High	91-97
High Average	75-90
Average	25-74
Low Average	9-24
Very Low	2-8
Extremely Low	1-<1

Test Results: Achievement

Wechsler Individual Achievement Test 3rd Edition (WIAT-III)

The Wechsler Individual Achievement Test–Third Edition (WIAT-III) is an individually administered clinical instrument designed to assess a developed skill or knowledge. The WIAT-III specifically measures various facets of the achievement of children and adolescents. The WIAT-III provides subtest and composite scores that represent levels of achievement in the following domains: basic reading, reading comprehension, reading fluency, mathematics calculation, mathematics problem solving, written expression, listening comprehension, and oral expression. One's scores are age/grade normed, meaning that their scores are compared to others their same age/grade.

	Standard Score (95% CI)	Percentile	Qualitative Descriptor
Total Achievement	90 (86-94)	25 th	Average

Oral Language

Composite/Subtest	Standard Score (95% CI)	Percentile	Grade Equivalent	Age Equivalent	Qualitative Descriptor
Oral Language	108 (99-117)	70 th			Average
Listening Comprehension	112 (99-125)	79 th	12.1	18:0	High Average
Receptive Vocabulary	108	70 th			Average
Oral Discourse Comprehension	111	77 th			Average
Oral Expression	102 (91-113)	55 th	8.9	14:5	Average
Expressive Vocabulary	104	61 st			Average
Oral Word Fluency	103	58 th			Average
Sentence Repetition	98	45 th			Average

The Oral Language composite measured [REDACTED] oral language abilities and was made up of two subtests; Listening Comprehension and Oral Expression. He obtained an Oral Language standard score of 108, which was within the Average range. His Oral Language abilities were ranked at the 70th percentile, indicating that he scored as well as or better than 70% of other children the same age.

The Listening Comprehension subtest measured [REDACTED] ability to attend to and retain information presented orally, as well as his receptive vocabulary when presented with pictures. He obtained a Listening Comprehension standard score of 112, which was in the High Average range, and at the 79th percentile when compared with children the same age. Listening Comprehension is comprised of two sub-sections— Receptive Vocabulary and Oral Discourse Comprehension. [REDACTED] knowledge of vocabulary and ability to recall terms when presented with pictures was measured by the Receptive Vocabulary sub-section. He obtained a standard

score of 108, which was ranked at the 70th percentile and within the Average range. The Oral Discourse Comprehension sub-section assessed his ability to attend to orally presented information and answer questions. In this sub-section his standard score was 111, which was within the Average range, and at the 77th percentile.

The Oral Expression subtest was used to assess [REDACTED] knowledge of vocabulary, word retrieval, and his ability to exactly repeat sentences. He received a standard score of 102, which was within the Average range and ranked at the 55th percentile when compared to children the same age. The Oral Expression subtest was comprised of three sub-sections—namely, Expressive Vocabulary, Oral Word Fluency, and Sentence Repetition. [REDACTED] ability to recall terms when presented with a definition was assessed with the Expressive Vocabulary subsection, where he received a standard score of 104, which was ranked at the 61st percentile, and within the Average range. The Oral Word Fluency subtest measured [REDACTED] categorical rapid recall. He received a standard score of 103, which was at the 58th percentile, and within the Average range. On a subtest that assessed his ability to repeat exactly, sentences that were presented to him orally; his standard score was 98, which was within the Average range, and at the 45th percentile (Sentence Repetition).

Total Reading

Composite/Subtest	Standard Score (95% CI)	Percentile	Grade Equivalent	Age Equivalent	Qualitative Descriptor
Total Reading	87 (82-92)	19 th			Average
Basic Reading	86 (82-90)	18 th			Average
Word Reading	87 (81-93)	19 th	5.4	10:8	Low Average
Pseudoword Decoding	86 (80-92)	18 th	3.2	8:4	Low Average
Reading Comprehension/Fluency	94 (86-102)	34 th			Average
Reading Comprehension	99 (87-111)	47 th	6.7	12:4	Average
Oral Reading Fluency	92 (85-99)	30 th	6.4	11:8	Average

Total Reading assessed [REDACTED] reading abilities, and was made up of two composites; Basic Reading and Reading Comprehension.

The Basic Reading composite measured [REDACTED] ability to read real and made-up words, and was comprised of two subtests; Word Reading and Pseudoword Decoding. He obtained a Basic Reading standard score of 86, which was ranked at the 18th percentile, and within the Average range. On the Word Reading subtest that assessed how well he can recognize and read words, he was within the Low Average range with a standard score of 87, which was at the 19th percentile. He was within the Low Average range with a standard score of 86 on the Pseudoword Decoding subtest, which required [REDACTED] to read made-up words. On this subtest, he was ranked in the 18th percentile.

The Reading Comprehension/Fluency composite measured his ability to read under timed conditions, comprehend, and then answer questions based on those readings. The Reading Kaufman Psychological Services, PLLC
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Comprehension/Fluency composite was comprised of two subtests; Reading Comprehension and Oral Reading Fluency. On the Reading Comprehension/Fluency composite, he obtained a standard score of 94, which was within the Average range and at the 34th percentile. On the Reading Comprehension subtest, he obtained a standard score of 99, which was within the Average Range, and at the 47th percentile. On the Oral Reading Fluency subtest, he obtained a standard score of 92, which was within the Average Range, and at the 30th percentile.

Written Expression

Composite/Subtest	Standard Score (95% Confidence Interval)	Percentile	Grade Equivalent	Age Equivalent	Qualitative Descriptor
Written Expression					
Sentence Composition	69 (58-80)	2 nd	2.4	7:8	Very Low
Sentence Combining	79	8 th			Below Average
Sentence Building	61	0.5			Low
Essay Composition	103 (93-113)	58 th	9.4	15:8	Average
Word Count	92	30 th			Average
Theme Development/ Text Organization	112	79 th			Average

The Written Expression composite measured [REDACTED] ability to accurately spell, compose sentences and essays, and was made up of two subtests; Sentence Composition and Essay Composition.

The Sentence Composition subtest was comprised of two sub-sections; Sentence Combining and Sentence Building. The Sentence Composition subtest measured his ability to write sentences that included predetermined words and measured his ability to combine separate sentences into one. He earned a standard score of 69, which was ranked at the 2nd percentile, and within the Very Low range. On a sub-section that assessed his ability to combine sentences that were provided, and have them retain the same meaning, he was within the Very Low range with a standard score of 79, which was ranked at the 8th percentile (Sentence Combining). For the Sentence Building sub-section, [REDACTED] was to write complete sentences that included a predetermined word. He obtained a standard score of 61, which was ranked at the 0.5 percentile, and within the Extremely Low range.

The Essay Composition subtest was made up of two sub-sections; Word Count, and Theme Development and Text Organization. The Essay Composition subtest measured [REDACTED] compositional writing skills. He earned a standard score of 103, which was within the Average range, and at the 58th percentile. On a sub-section that measured how many words he was able to write within a time limit, [REDACTED] earned a standard score of 92, which was in the Average range and ranked at the 30th percentile (Word Count). The Theme Development and Text Organization subsection assessed [REDACTED] ability to compose an essay; he earned a standard score of 112, which is within the Average range, and ranked at the 79th percentile.

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Mathematics/Math Fluency

Composite/Subtest	Standard Score (95% Confidence Interval)	Percentile	Grade Equivalent	Age Equivalent	Qualitative Descriptor
Mathematics	91 (85-97)	27 th			Average
Math Problem Solving	96 (88-104)	39 th	7.2	12:4	Average
Numerical Operations	88 (80-96)	21 st	5.7	11:0	Low Average

The Mathematics composite was designed to measure overall mathematical abilities and was comprised of two subtests; Math Problem Solving and Numerical Operations. On the Mathematics composite, his standard score was 91, which was within the Average range, and ranked at the 27th percentile, indicating that his score was as good as or better than 27% of children his age within the standardization sample.

The Math Problem Solving Subtest measured [REDACTED] ability to solve math problems in areas such as addition, subtraction, time, and graphing, under timed conditions. His standard score was 96 which was within the Average range and ranked at the 39th percentile. On the Numerical Operations subtest [REDACTED] standard score was 88, which was at the 21st percentile, and within the Low Average range. On this subtest, [REDACTED] mathematical computation skills were assessed in areas such as addition, subtraction, multiplication, division, and other higher mathematical operations.

Test Results: ADHD**Brown Executive Function/Attention Scales- (Brown EF/A) Self/Parent**

The Brown EF/A Scale is a self/parent assessment that is administered to an individual/their parent in order to examine a wide range of symptoms/behaviors associated with ADHD. Items are presented in a likert scale format in order to assess the severity/frequency of displayed pertinent behaviors.

Interpretation of T-Scores:

T-Score Range	Description
70+	Very significant problem
60-69	Significant problem
55-59	Possibly significant problem
<54	Unlikely significant problem

Subscale	Self-Report T-score	Parent (Mom) Report T-score
<u>Activation:</u> Organizing, prioritizing, and activating to work	53	72
<u>Focus:</u> Focusing, sustaining, and shifting attention to tasks	52	79
<u>Effort:</u> Regulating alertness, sustaining effort & processing speed	51	73
<u>Emotion:</u> Managing frustration and modulating emotions	46	72
<u>Memory:</u> Utilizing working memory and accessing recall	57	75
<u>Action:</u> Monitoring and self-regulating action	48	78
<u>Total Composite:</u> Overall indication of executive functioning	51	77

Conners-3: Self/Parent

The Conners 3 is administered to an individual/parent in order to examine the individual's behaviors related to ADHD. This assessment is age and gender normed, meaning that the individual's scores are compared to others of their age and gender. Items are presented in a likert scale format in order to assess the severity/frequency of displayed pertinent behaviors.

Interpretation of T-Scores:

T-Score Range	Description
70+	Very significant problem
65-69	Significant problem
60-64	Possibly significant problem
<59	Average

Subscale	Self-Report T-Score	Parent (Mom) T-Score	Teacher (Vice Principal: Mrs. George) T-Score
Inattention: High scorers may have poor concentration/attention or difficulty keeping his/her mind on work. May make careless mistakes, be easily distracted, may give up easily/be easily bored, or may avoid schoolwork.	50	90	82
Hyperactivity/Impulsivity: High scorers may have high activity levels, may be restless and/or impulsive. May have difficulty being quiet, interrupt others, and easily excited.	49	90	83
Learning Problems (subscale): High scorers typically struggle with reading, spelling, and/or math. May have difficulty remembering concepts.	66	77	89
Executive Functioning (subscale): High scorers may have difficulty starting/finishing projects, may complete projects at the last minute. May have poor planning, prioritizing, or organizational skills.		68	64
Defiance/Aggression: High scorers may be argumentative, defy requests from adults, have poor control of anger or lose temper; physically and/or verbally aggressive; may show violent or destructive tendencies; may bully others; may be manipulative or cruel. May have legal issues.	57	78	90
Peer Relations: High scorers may have difficulty with friendships, poor social skills, limited social skills, or appear to be unaccepted by group.		47	75
Family Relations: High scorers may feel that parents do not love or notice him/her. May feel unjustly criticized and/or punished at home.	53		
DSM-V Inattentive Symptoms	48	79	79
DSM-V Hyperactive-Impulsive Symptoms	53	90	88
Conduct Disorder	56	57	90
Oppositional Defiant Disorder	60	74	90
Restless-Impulsive (Global Index): High scorers may be easily distracted, restless, fidgety, impulsive, may have trouble finishing things, or may distract others.		90	80
Emotional Lability (Global Index): High scorers may be moody and emotional; may cry, lose temper, or become easily frustrated.		74	90
Total (Global Index): High scorers may be moody and emotional; restless, impulsive, and/or inattentive.		89	90

Test Results: Autism Spectrum

Autism Spectrum Rating Scales: Parent/Teacher (ASRS)

The Autism Spectrum Rating Scale is used to quantify observations of children/adolescents that are associated with Autism Spectrum Disorder. The ASRS can help determine the likelihood that an individual has symptoms associated with Autism Spectrum Disorder when it is used in combination with other information. [REDACTED] completed the Parent version of this assessment. Mrs. George, [REDACTED] recent Vice Principal, completed the Teacher version of this assessment.

Interpretation of T-Scores:

Description
Very elevated score
Elevated score
Slightly elevated score
Average

	Descriptor	Parent T-score	Teacher (Vice Principal: Mrs. George) T-score
Total Score	Elevated scores may have many behavioral characteristics similar to youth diagnosed with Autism Spectrum Disorder.	78 Very Elevated Score	64 Slightly Elevated Score
DSM-5 Scale	Elevated scores may have symptoms directly related to the DSM-5 diagnostic criteria for Autism Spectrum Disorder.	78 Very Elevated Score	63 Slightly Elevated Score

ASRS SCALES:

	Descriptor	Parent T-score	Teacher (Vice Principal: Mrs. George) T-score
Social/ Communication	Elevated scores may indicate having difficulty using verbal and non-verbal communication appropriately to initiate, engage in, and maintain social contact.	70 Very Elevated Score	61 Slightly Elevated Score
Unusual Behaviors	Elevated scores may have trouble tolerating changes in routine. Engages in apparently purposeless, stereotypical behaviors. Overreacts to certain sensory experiences.	73 Very Elevated Scores	66 Elevated Score
Self-Regulation	Elevated scores may have deficits in attention and/or motor/impulse control; is argumentative.	79 Very Elevated Score	61 Slightly Elevated Score

TREATMENT SCALES:

	Descriptor	Parent T-score	Teacher (Vice Principal: Mrs. George) T-score
Peer Socialization	Elevated scores may have limited willingness and capacity to successfully engage in activities that develop and maintain relationships with other children.	62 Slightly Elevated Score	58 Average Score
Adult Socialization	Elevated scores may have limited willingness and capacity to successfully engage in activities that develop and maintain relationships with adults.	73 Very Elevated Score	64 Slightly Elevated Score
Social/Emotional Reciprocity	Elevated scores may have limited ability to provide an appropriate emotional response to another person in a social situation.	76 Very Elevated Score	60 Slightly Elevated Score
Atypical Language	Elevated scores may have repetitive, unstructured, or unconventional spoken communication.	69 Elevated Score	59 Average Score
Stereotypy	Elevated scores may engage in seemingly purposeless or repetitive behaviors.	63 Slightly Elevated Score	42 Average Score
Behavioral Rigidity	Elevated scores may have difficulty tolerating changes in routine, activities, or behavior; aspects of the environment must remain unchanged.	76 Very Elevated Score	68 Elevated Score
Sensory Sensitivity	Elevated scores may overreact to certain experiences sensed through touch, sound, vision, smell, or taste.	75 Very Elevated Score	73 Very Elevated Score
Attention	Elevated scores may have trouble appropriately focusing attention on one thing while ignoring distractions; appears disorganized.	74 Very Elevated Score	57 Average Score

Test Results: Cognitive/Intellectual Disability/I.Q.

Wechsler Intelligence Scale for Children–Fifth Edition (WISC–V)

The Wechsler Intelligence Scale for Children–Fifth Edition (WISC–V) is an individually administered clinical instrument designed to assess the cognitive ability of children and adolescents. The WISC–V provides subtest and composite scores that represent intellectual functioning in specific cognitive domains. One's scores are age normed, meaning that their scores are compared to others their same age.

Index/Subtest	Scaled Score/ Composite Score	Percentile (PR)*	Descriptor
Verbal Comprehension Index (VCI)	100 (94-106)	50th	Average
Similarities	10	-	Average
Vocabulary	10	-	Average
Visual Spatial Index (VSI)	-	-	-
Visual Puzzles	13	-	Above Average
Fluid Reasoning Index (FRI)	94 (88-100)	34th	Average
Matrix Reasoning	9	-	Average
Figure Weights	9	-	Average
Working Memory Index (WMI)	100 (94-106)	50th	Average
Digit Span	10	-	Average
Picture Span	10	-	Average
Processing Speed Index (PSI)	66 (63-78)	1st	Extremely Low
Coding	3	-	Far Below Average
Symbol Search	5	-	Below Average
Full Scale IQ (FSIQ)	94 (90-99)	34th	Average

*Percentile Score: Indicates that the client's performance is equal to or greater than that of % of people their age in the standardization sample.

Interpretation of WISC-V Results**Full Scale Intelligence Quotient (FSIQ)**

The FSIQ is derived from seven subtests and summarizes ability across a diverse set of cognitive functions. This score is typically considered the most representative indicator of general intellectual functioning. Subtests are drawn from five areas of cognitive ability: verbal comprehension, visual spatial, fluid reasoning, working memory, and processing speed.

FSIQ is in the Average range when compared to others his age (FSIQ = 94, PR = 34, 90% CI = 90-99).

Verbal Comprehension

The Verbal Comprehension Index (VCI) measured ability to access and apply acquired word knowledge. Specifically, this score reflects his ability to verbalize meaningful concepts, think about verbal information, and expressing himself using words.

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performance on the VCI was average for his age (VCI = 100, PR = 50, 90% CI = 94-106). This score indicates an appropriately developed verbal reasoning system with average word knowledge acquisition, information retrieval, ability to reason and solve verbal problems, and communication of knowledge.

With regard to individual subtests within the VCI, Similarities (SI) required [REDACTED] to describe a similarity between two words that represent a common object or concept and Vocabulary (VC) required him to define words that were read aloud. As evidenced by [REDACTED] respective scores and corresponding descriptive category, he exhibited parallel performance across these two subtests. He performed Average compared to his same aged peers when defining words aloud (VC = 10) and identifying how two words relate to a common concept (SI = 10). These scores indicate that he exhibits Average performance related to learning new words and defining them aloud as well as on verbal tasks that require him to use abstract reasoning. These scores suggest [REDACTED] does not experience difficulties in keeping up with his peers in situations that require verbal skills.

Visual Spatial

The Visual Spatial Index (VSI) measured [REDACTED] ability to evaluate visual details and understand visual spatial relationships. Visual Puzzles was the subtest administered for this index. High scores in this area indicate a strength in the application of spatial reasoning and analyzing visual details. The total VSI is derived from two subtests, Block Design (BD) and Visual Puzzles (VP). Block Design was not performed due to testing constraints. Visual Puzzles (VP) required him to view a completed puzzle and select three response options that together would reconstruct the puzzle. [REDACTED] performance on this subtest was Above Average as compared to his same aged peers. This indicates a strength when assembling puzzle pieces in his mind (VP = 13).

Fluid Reasoning

The Fluid Reasoning Index (FRI) measured [REDACTED] ability to detect the underlying conceptual relationship among visual objects and use reasoning to identify and apply rules. Identification and application of conceptual relationships in the FRI requires inductive and quantitative reasoning, broad visual intelligence, simultaneous processing, and abstract thinking. [REDACTED] performance on the FRI was Average for his age (FRI = 94, PR = 34, CI = 88-100). Average FRI scores indicate an appropriately developed ability to abstract conceptual information from visual details and to apply that knowledge.

The FRI is derived from Matrix Reasoning (MR) and Figure Weights (FW). Matrix Reasoning required [REDACTED] to view an incomplete matrix or series and select the response option that completed the matrix or series. On Figure Weights, he viewed a scale with a missing weight(s) and identified the response option that would keep the scale balanced. These subtests differ in the specific abilities involved, and consideration of the difference between the two scores informs interpretation of the FRI. His scores imply an appropriate ability in inductive reasoning as well as quantitative reasoning.

Working Memory

The Working Memory Index (WMI) measured [REDACTED] ability to register, maintain, and manipulate visual and auditory information in conscious awareness, which requires attention and concentration, as well as visual and auditory discrimination. [REDACTED] score for the WMI was Average as compared to his same aged peers (WMI = 100, PR = 50, CI = 94-106). Average WMI scores reflect an appropriately developed ability to identify visual and auditory information, maintain it in temporary storage, and re-sequence it for use in problem solving. Within the WMI, Picture Span (PS) required [REDACTED] to memorize one or more pictures presented on a stimulus page and then identify the correct pictures (in sequential order) from options on a response page. On Digit Span (DS), he listened to sequences of numbers read aloud and recalled them in the same order, reverse order, and ascending order. [REDACTED] was able to adequately recall and sequence a series of pictures and lists of numbers.

Processing Speed

The Processing Speed Index (PSI) measured [REDACTED] speed and accuracy of visual identification, decision making, and decision implementation. Performance on the PSI is related to visual scanning, visual discrimination, short-term visual memory, visuomotor coordination, and concentration. The PSI assessed his ability to rapidly identify, register, and implement decisions about visual stimuli. The PSI is comprised of Coding and Symbol Search. On Coding, he used a key to copy symbols that corresponded with numbers. [REDACTED] score on the Coding subtest was Far Below Average (CD = 3) and his score on the Symbol Search subtest was Below Average (SS = 5), as compared to his same aged peers. Low scores indicate an under-developed ability to identify visual information, to make accurate decisions, and to implement those decisions in an accelerated manner. [REDACTED] Extremely Low score on this subtest may be indicative of impaired fine-motor speed.

Test Results: Personality (Comprehensive)
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Behavior Assessment System for Children – Third Edition: Self-Report (BASC-3)

The Behavior Assessment System for Children (BASC-3) is a self-report, comprehensive set of scales used to inform understanding of behaviors and emotions of children/adolescents.

Interpretation of T-Scores:

	Self-Report T-score
1. School Problems	79
1a. Attitude to School	74
1b. Attitude to Teachers	91
1c. Sensation Seeking	54
2. Internalizing Problems	59
2a. Atypicality	53
2b. Locus of Control	65
2c. Social Stress	65
2d. Anxiety	43
2e. Depression	71
2f. Sense of Inadequacy	55
2g. Somatization	49
3. Inattention/Hyperactivity	51
3a. Attention Problems	54
3b. Hyperactivity	48
4. Emotional Symptoms Index	57

T-Score Range	Description
70+	Clinically Significant
60-69	At-Risk
<60	Average

	Self-Report T-score
5. Personal Adjustment	47
5a. Relations with Parents	37
5b. Interpersonal Relations	50
5c. Self-Esteem	43
5d. Self-Reliance	60

Interpretation of T-Scores:

T-Score Range	Description
<30	Clinically Significant
31-40	At-Risk
41+	Average

Behavior Assessment System for Children – Third Edition: Parent/Teacher Report (BASC-3)

The Behavior Assessment System for Children (BASC-3) is a comprehensive set of scales used to inform understanding of behaviors and emotions of children/adolescents.

Interpretation of T-Scores:

T-Score Range	Description
70+	Clinically Significant
60-69	At-Risk
<60	Average

	Parent (Mom) T-score	Teacher (Vice Principal: Mrs. George) T-Score
1. Externalizing Problems	76	76
1a. Hyperactivity	91	66
1b. Aggression	73	80
1c. Conduct Problems	60	77
2. Internalizing Problems	66	69
2a. Anxiety	64	53
2b. Depression	61	65
2c. Somatization	67	79
3. Behavioral Symptoms Index	74	70
3a. Attention Problems	75	
3b. Atypicality	59	59
3c. Withdrawal	58	56
4. School Problems		74
4a. Attention Problems		69
4b. Learning Problems		76

Interpretation of T-Scores:

T-Score Range	Description
≤30	Clinically Significant
31-40	At-Risk
41+	Average

	Parent (Mom) T-score	Teacher (Vice Principal: Mrs. George) T-Score
4. Adaptive Skills	34	37
4a. Adaptability	31	31
4b. Social Skills	40	40
4c. Leadership	44	42
4d. Functional Communication	30	46
4e. Activities of Daily Living	34	
4f. Study Skills		33

Beck Youth Inventories – Second Edition (BYI-2)

Kaufman Psychological Services, PLLC
Detroit, MI

The Beck Youth Inventories (BYI-2) is a self-report inventory that assesses symptoms of depression, anxiety, anger, disruptive behavior, and self-concept in children/adolescents.

Inventory:	T-score	Cumulative %	Severity Level
Self-Concept (BSCI-Y)	35	10.1	Much lower than average
Anxiety (BAI-Y)	46	40.9	Average
Depression (BDI-Y)	63	93.4	Moderately elevated
Anger (BANI-Y)	57	80.3	Mildly elevated
Disruptive Behavior (BDBI-Y)	49	56.6	Average

Millon Adolescent Clinical Inventory - II (MACI-II)

The MACI-II is a self-report assessment that provides an in-depth analysis of personality and symptom dynamics. The MACI-II report cannot be considered definitive. It should be evaluated in conjunction with additional clinical data. The report should be evaluated by a mental health clinician trained in the use of psychological tests.

Profile Validity

MACI-II clinical profile is likely to be valid. responses to the MACI-II validity items suggest that he cooperated with the evaluation enough to provide useful interpretive information. His response style suggests that it is unlikely that he substantially underreported or overreported problems when completing the inventory.

PERSONALITY PATTERNS:

Scale	T-Score
Introversive	71
Inhibited	23
Submissive	15
Dramatizing	60
Egotistic	63
Unruly	85
Forceful	63
Conforming	38
Discontented	69
Aggrieved	42
Borderline Tendency	55

T-Score Range	Description
85+	Type
75-84	Trait
60-74	Feature
<60	Not Significant

EXPRESSED CONCERNS:

Kaufman Psychological Services, PLLC
Detroit, MI

Scale	Score
Identity Diffusion	72
Self-Devaluation	50
Peer Insecurity	15
Family Discord	60

T-Score Range	Description
85+	Prominent
75-84	Present
<74	Not Significant

CLINICAL SYNDROMES:

Scale	Score
Binge-Eating Patterns	0
Substance-Abuse Proneness	0
Delinquent Predisposition	75
Anxious Feelings	32
Depressive Affect	75
Suicidal Tendency	35
Disruptive Mood Dysregulation	64
Post-Traumatic Stress	30
Reality Distortions	9

T-Score Range	Description
85+	Prominent
75-84	Present
<74	Not Significant

FACET SCALES:

Scale	Score
Unruly	
Expressively Impulsive	58
Acting-Out Mechanism	64
Interpersonally Irresponsible	77
Introversive	
Expressively Impassive	73
Temperamentally Apathetic	64
Interpersonally Unengaged	22
Discontented	
Dispirited Self-Image	62
Expressively Resentful	57
Interpersonally Contrary	79

T-Score Range	Description
75+	Interpretable
<74	Not Significant

CONCLUSIONS AND IMPRESSIONS

██████ is a 14-year-old male presenting for a psychoeducational evaluation. ██████ is currently struggling in school. It is important to note that the main purpose of a psychoeducational evaluation is to generate data that may be used to develop effective interventions to resolve the issues that led to the referral. This evaluation is meant to clarify the meaning and function of the interplay of psychological and academic difficulties ██████ is experiencing, and to provide a road map for effective educational intervention and clinical decision making.

Personality/Behavioral Patterns

Based on ██████ family history, there are strong genetic loadings for psychopathology. ██████ presents with a pattern of psychological difficulties and personality patterns consistent with impulsive hostility, oppositional behavior, and a general mistrust and anger directed towards others.

██████ is sensitive to the ways in which others act toward him. He is perceptive and intuitive, and he tends to judge situations based on his emotions. At times, he may use his emotions to generate reactions from others. Wanting attention and recognition, he may attempt to adapt to the expectations set by others, however, his efforts have yielded inconsistent validation. He desires to be close to others. He tends to avoid displaying this desire and, in turn, he struggles to keep his melancholy feelings hidden from others. He exhibits irritable, negative, and hostile moods and has been involved in various forms of acting out. He has little concern about the impact of his behavior on others or the consequences of his behaviors. It is likely that ██████ poor sleep hygiene contributes to his mood lability. Further, his acting out may be an expression of his depressive symptoms. ██████ anger and oppositional behavior are projections of his self-anger. At times, he can turn this anger outwards and express it physically towards others. Ordinary demands can elicit resentment and an oppositional stance, which can be manifest in reluctant compliance or outright refusal. ██████ reports that when school was virtual due to COVID-19 restrictions, ██████ behavioral problems greatly decreased at home. The rapid return to in-person classes may have influenced his socialization and problematic behaviors. ██████ experiences rapid shifts between states of self-deprecation and despair, anxiety and uselessness, and discontent and irritability. Feeling trapped and powerless to control these inner tensions or when he struggles to accept rules placed upon him, he may experience periods of self-loathing. These periods of self-loathing may be interspersed with defiant outbursts followed by moments of remorse.

He exhibits conflicting roles in relationships with others due to an underlying active ambivalence towards these relationships. This ambivalence is evident in his vacillation between being dependent and cooperative and hostile and assertively independent. ██████ may feel as though he has been wronged in the past. He expresses a desire to gain power and he believes that past humiliations may be retributed by provoking fear in others. It is ██████ belief that “bullying” may be a contributing factor in ██████ challenging feelings and relationships. She believes he may be targeted on the basis of his race and speech impediment.

Academic Impressions

The intelligence assessment (WISC-V) and academic assessment (WIAT-III) have identified areas in which [REDACTED] excels as well as areas in which [REDACTED] struggles.

Overall, [REDACTED] total achievement on the WIAT-III was Average as compared to his same age peers. [REDACTED] did have variation between the subtests on the WIAT-III, indicating his academic abilities are not evenly developed. On the Listening Comprehension subtest, his score was High Average. This indicates his ability to comprehend information orally and understand it is a strength of his. His Word Reading and Pseudoword Decoding scores fell in the Low Average range. These subtests measured his ability to quickly and accurately take in written information. The scores on these subtests correspond with his low Processing Speed on the WISC-V. His Written Expression, in the categories of Sentence Composition, Sentence Combining, and Sentence Building were Very Low. Lastly, [REDACTED] score on Numerical Operations was in the Low Average range. Overall, the results of the WIAT-III indicate that [REDACTED] academic achievement is in the Average range. His scores further indicate that he needs additional time to complete his work and struggles with written expression.

[REDACTED] cognitive abilities are Average as compared to his same age peers. His visual spatial abilities are Above Average. This indicates he exhibits a strength when evaluating visual details and understanding visual spatial relationships. His processing speed was Extremely Low (PR = 1). This indicates he needs significantly more time to take in, make sense of, and respond to information. Poor sleep hygiene, at times, can lead to executive functioning deficits.

[REDACTED] presentation of psychological difficulties and maladaptive behavior patterns may be influencing his academic performance as well. His oppositional and unruly behavior at school has negatively influenced his academic performance. The number of days he was suspended from attending classes is a contributing factor in his failing grades. [REDACTED] has many symptoms consistent with ADHD that may significantly impact his ability to perform in the classroom. These difficulties include: sustaining attention and difficulty completing tasks, hyperactivity and being disruptive, and memory. These behaviors were evidenced by elevated scores on the Brown EF/A Parent, Conners-3 Parent, Conners-3 Teacher, ASRS Parent, BASC-3 Parent, and BASC-3 Teacher.

DIAGNOSTIC IMPRESSIONS

In order of clinical salience:

Disruptive Mood Dysregulation Disorder

F34.81

Attention-Deficit/Hyperactivity Disorder, Combined presentation

F90.2

Specific Learning Disorder, With impairment in written expression, Moderate

F81.81

██████ presents with a complex set of symptoms. Due to this and his stage of development, his diagnostic picture is likely to change over the coming years. A reassessment in 12 to 18 months would be useful in clarifying symptom presentation and diagnostic picture.

RECOMMENDATIONS

The integration of corroborative information from standardized tests as well as teacher, parent, and self-reports provided the basis for the following recommendations for ██████. As his difficulties are the result of a complex set of variables and dynamics, they should be addressed from a multimodal approach.

1. Individual Psychotherapy. It is recommended ██████ engage in weekly psychotherapy. The following areas of emphasis are suggested:

- a. A therapeutic focus on Dialectical Behavioral Therapy (DBT) techniques, such as: distress tolerance, interpersonal effectiveness, and emotional regulation.
- b. A therapeutic focus on Cognitive Behavioral Therapy (CBT) techniques, such as: identifying outburst triggers and consequences, learning strategies to regulate emotion, self-monitoring changes in emotion, learning relaxation techniques, learning socially appropriate reactions to anger-provoking situations.
- c. The development of independence and self-confidence.
- d. Behavioral management therapy to address symptoms of ADHD (i.e. focus, attention, forgetfulness, impulsivity).
- e. Clinical attention to and monitoring of ██████ sleep patterns and improving his sleep hygiene.
- f. Exploring the possible effects of ██████ relationship with his biological father.

2. Academic Recommendations: Based on scores on the WISC-V and WIAT-III, [REDACTED] would benefit from continued special accommodations at school. The following recommendations were generated based on [REDACTED] specific academic deficits and are designed to enhance overall achievement in his classes based on his specific learning style:

- a. As [REDACTED] demonstrated a reduced processing speed, he would benefit from:
 - Receiving extra time to complete tests, assignments, take notes, and copy materials.
 - Being able to take classwork home to finish.
- b. Receive remedial tutoring to help with his learning deficits in written expression.
- c. As [REDACTED] struggles with written expression, he would benefit from:
 - Having handouts in class so there is less to copy from the board.
 - Provide typed copies of classroom notes or lesson outlines to help him take notes.
 - Break writing assignments into smaller steps.
 - Provide rubrics for written assignments and explain how each step will be graded.
 - Oral assignments may be necessary to supplement written assignments.
 - Structure tests to minimize writing (e.g. utilize “circle the answer” or “fill in the blank” questions).
- d. Simplify directions:
 - Some directions may be overwhelming if presented in paragraph form/contain multiple units of information.
 - The teacher can help by underlining or highlighting the significant parts of the directions.
- e. Present small amounts of work/assignments to do at a time and communicate the amount of time it should take to complete the task:
 - This technique will prevent [REDACTED] from examining an entire workbook/material and becoming discouraged by the amount of work to do.
 - Accuracy check this set number of problems before allowing [REDACTED] to continue. This will help reduce frustration and discouragement that may result from having to fix numerous mistakes at once.
- f. Reduce unnecessary stimuli, both on the paper and around the classroom:
 - Line markers and clearly divided sections can be used on worksheets.
 - External auditory distractions should be limited.
- g. Provide additional practice activities. This will help [REDACTED] acquire mastery on selected skills.

3. Homework Recommendations. [REDACTED] may benefit from the following recommendations when completing his homework:

- a. Establish a quiet, homework station.
 - Providing a separate, quiet environment that is free of distractions will help improve his concentration. Completing homework in the same environment will also help improve concentration as external stimuli will be the same each time.
- b. Allow breaks.
 - For children with ADHD, focusing/paying attention can take extra effort and can be tiring.
- c. Break up study/homework time.
- d. Receive extra help to complete his homework (such as tutor to help with homework).

4. Neurological Examination. As [REDACTED] has suffered from multiple concussions, a neurological examination may be warranted. A concussion can negatively impact executive functioning and impulse control, so consideration for organicity is important.

*It has been a pleasure working with you.
Please reach out to me with any further questions or concerns.*

Cimone Safilian 09/25/22
Cimone Safilian, MA PhD TLLP Date
Temporary Limited Licensed Psychologist
Psychological Examiner

Calder W. Kaufman 09/25/22
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